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Fill in this in	Fill in this information to identify your case:						
Debtor 1	Sha-Reena Antoinette Charlton						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name Middle Name		Last Name				
United States E	Bankruptcy Court for the:	District of New Jersey					
Case number	25-12643 (If known)		- · · ·				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Your assets Value of what you own
1b. Copy line 62, Total personal property, from Schedule A/B	\$200,000.00
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>200,000.00</u>
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>21,622.00</u>
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>221,622.00</u>
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	Your liabilities Amount you owe
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>128,000.00</u>
Your total liabilities	\$ <u>0.00</u>
	+ \$ <u>17,110.00</u>
Part 3: Summarize Your Income and Expenses	\$ 145,110.00
. Schedule I: Your Income (Official Form 106I)	\$3,537.00
Copy your combined monthly income from line 12 of Schedule I	\$ 0,007.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	_{\$} 2,710.00

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Page 2 of 9 Document Sha-Reena Charlton 25-12643 Case number (if known Debtor 1 First Name Middle Name Last Name Part 4: Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ☑ Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

s 5,364.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on <i>Schedule E/F</i> , copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this i	nformation to ic	lentify your case	e:
Debtor 1	Sha-Reena Ar	toinette Charlton	
Debioi 1	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if t	filing) First Name	Middle Name	Last Name
United State	es Bankruptcy Co	ourt for the: Distri	ct of New Jersey
Case number (if know)	er 25-12643		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Check if this is an amended filing

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

	name and case number (if known).	ie ieit. Attach the Communication rage to this page. On the top of any additional pr	ages, write
Par	List All of Your PRIORITY Unsecured Cla	ims	
~	o any creditors have priority unsecured claims a No. Go to Part 2. Yes.	against you?	
Par	2: List All of Your NONPRIORITY Unsecured	d Claims	
	o any creditors have nonpriority unsecured clain No. You have nothing else to report in this part Yes. Fill in all of the information below.	ms against you? t. Submit to the court with your other schedules.	
n ir	onpriority unsecured claim, list the creditor separate	he alphabetical order of the creditor who holds each claim. If a creditor has more ely for each claim. For each claim listed, identify what type of claim it is. Do not list clai particular claim, list the other creditors in Part 3.If you have more than three nonpriority.	ims already
			Total claim
4.1	Afni Inc. Nonpriority Creditor's Name PO Box 3068 Number Street Bloomington IL 61702 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Geico	\$ 13,935.00

4.2	Jefferson Capital Systems LLC	Last 4 digits of account number	\$ 1,640.00
	Nonpriority Creditor's Name	When was the debt incurred?	+ =1
	200 14th Avenue East	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Sartell MN 56377	☐ Unliquidated	
	City State ZIP Code	☐ Disputed	
	Who owes the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	☐ Check if this claim relates to a community	debts	
	debt	✓ Other. Specify	
	Is the claim subject to offset?		
	Yes		
4.0		Last 4 digits of account number	
4.3	LVNV Funding, LLC	When was the debt incurred?	\$ <u>1,144.00</u>
	Nonpriority Creditor's Name	A softh data was file the delice in Observation to the	
	c/o Resurgent Capital Services Number	As of the date you file, the claim is: Check all that apply. Contingent	
	Greenville SC 29602	Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.		
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans Obligations origing out of a congretion agreement or diverse.	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim relates to a community debt	✓ Other. Specify	
	Is the claim subject to offset?		
	No		
	Yes		
4.4	Midland Credit Management Inc.	Last 4 digits of account number	\$ 391.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	320 East Big Beaver	As of the date you file, the claim is: Check all that apply.	
	Number Street Troy MI 48083	Contingent	
		Unliquidated	
	City State ZIP Code Who owes the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts ✓ Other. Specify	
	Is the claim subject to offset?	Other. Specify	
	✓ No		
	Yes		

-Regna Approprieto Chargon Doc 19 Filed 05/30/25 Entered 05/30/25-99-97-48-00-10-25-1248-10-25-128-10-25-128-10-25-128-10-25-10-Debtor Page 5 of 9 Document Last 4 digits of account number 4.5 \$ 0.00 Office of Attorney General When was the debt incurred? Nonpriority Creditor's Name Div of Law PO Box 112 As of the date you file, the claim is: Check all that apply. Number Contingent Richard J Hughes justice Complex ☐ Unliquidated ☐ Disputed Trenton NJ 08625-0112 Type of NONPRIORITY unsecured claim: ZIP Code Student loans Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce Debtor 1 only that you did not report as priority claims Debtor 2 only Debts to pension or profit-sharing plans, and other similar Debtor 1 and Debtor 2 only debts At least one of the debtors and another Other. Specify Check if this claim relates to a community Is the claim subject to offset? ✓ No Yes Last 4 digits of account number 4.6 \$ 0.00 State of NJ Dept of Labor When was the debt incurred? Nonpriority Creditor's Name Benefit Payment Control As of the date you file, the claim is: Check all that apply. Number Contingent Street PO Box 951 ☐ Unliquidated Disputed Trenton NJ 08625-0951 Type of NONPRIORITY unsecured claim: State ZIP Code Student loans Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce Debtor 1 only that you did not report as priority claims Debtor 2 only Debts to pension or profit-sharing plans, and other similar Debtor 1 and Debtor 2 only debts Other. Specify At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No ☐ Yes Last 4 digits of account number 4.7 \$ 0.00 State of NJ Dept of Labor When was the debt incurred? Nonpriority Creditor's Name PO Box 379 As of the date you file, the claim is: Check all that apply. Number Contingent Street 08625-0379 Trenton NJ Unliquidated Disputed State ZIP Code Who owes the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community Other. Specify Is the claim subject to offset? **✓** No Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

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			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
nomi art i	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$ 0.00
			Total claim
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
Hom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>17,110.00</u>
	6j. Total. Add lines 6f through 6i.	6j.	\$ <u>17,110.00</u>

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		Docur	nent	Page 7 of 9			
Fill in this i	nformation to identify	your case:					
Debtor 1	Sha-Reena Antoinette C	harlton					
	First Name	Middle Name L	ast Name	Check if th	nis is:		
Debtor 2 (Spouse, if filing	j) First Name	Middle Name Li	ast Name		ended filing		
United States	Bankruptcy Court for the:	District of New Jersey					petition chapter 13
	25-12643		(S		ses as of th	e ioliowing	uate.
Case number (If known)	·			MM / D	D/ YYYY		
Official	Form 106J						
Sched	dule J: You	ur Expenses	•				12/15
information.		ed, attach another sheet to		ng together, both are equally i . On the top of any additional	-		-
Part 1:	Describe Your Hou	sehold					
1. Is this a jo No. Go Yes. Do	o to line 2. Des Debtor 2 live in a s		nses for S	eparate Household of Debtor 2.			
o Do wow has		<u> </u>		.,,			
-	ve dependents? Debtor 1 and	Yes. Fill out this information each dependent		Dependent's relationship to Debtor 1 or Debtor 2	De _l age	pendent's	Does dependent live with you?
Do not stat	e the dependents'	each dependent		ALE	13	3	☐ No ✓ Yes
names.				MSE	11	<u> </u>	□ No ✓ Yes
				KEE	8		No
							Yes
							□No □Yes
							No
							Yes
expenses	openses include of people other than nd your dependents?	V No □ Yes					
Part 2: E	stimate Your Ongoi	ng Monthly Expenses					
			ess you a	re using this form as a supple	ement in a C	hapter 13 c	ase to report
_			-	ental Schedule J, check the bo		-	
applicable da	ate.						
-	•	l-cash government assistar I it on <i>Schedule I: Your Inc</i> o	-			Your expe	nses
	I or home ownership e or the ground or lot.	expenses for your residence	e. Include	first mortgage payments and	4.	\$	1,095.00
•	luded in line 4:						
	Lestate taxes				4a 9	\$	0.00

Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses

Homeowner's association or condominium dues

4b.

4c.

4d.

0.00

0.00

0.00

4b.

4c.

4d.

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Debtor 1

Sha-Reena Antoinette Charlton

First Name Middle Name Last Name

Case number (if known) 25-12643

			Your ex	penses
5. 4	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	150.00
	6b. Water, sewer, garbage collection	6b.		65.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	214.00
	Childcare and children's education costs	8.	\$	0.00
	Clothing, laundry, and dry cleaning	9.	\$	10.00
	Personal care products and services	10.	\$	
	Medical and dental expenses	11.	-	0.00
	Transportation. Include gas, maintenance, bus or train fare.		Ŧ	
	Do not include car payments.	12.	\$	90.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
1.	Charitable contributions and religious donations	14.	\$	0.00
	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	300.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
7.	Installment or lease payments:			
•	17a. Car payments for Vehicle 1	17a.	\$	480.00
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	2.22
	17d. Other. Specify:	17d.	\$	0.00
		174.	*	
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	Other was made to the made to a sum and other was the described as a time with the second		Ψ	
	Other payments you make to support others who do not live with you. Specify:	19.	\$	0.00
			Ψ	······································
	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom		•	0.00
	20a. Mortgages on other property	20a.	\$	
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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ebtor 1	Sha-Reena Antoinette Charlton Case number (if k	25-	-12643	
	First Name Middle Name Last Name			
ı. Othe	r. Specify:	21.	+\$	0.00
			+\$	
			+\$	
2. Calo	culate your monthly expenses.			
22a.	Add lines 4 through 21.	22a.	\$	2,710.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a	22b.	\$	
and	22b. The result is your monthly expenses.	22c.	\$	2,710.00
3 Calcu	late your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,537.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,710.00
23c.	Subtract your monthly expenses from your monthly income.		· ·	827.00
	The result is your monthly net income.	23c.	Φ	
4. Do v o	ou expect an increase or decrease in your expenses within the year after you file this form?			
_	cample, do you expect to finish paying for your car loan within the year or do you expect your			
	age payment to increase or decrease because of a modification to the terms of your mortgage?			
✓ No				
☐ Ye	S. Explain here:			